

## Memorandum

Date: March 17, 2010

To: Golden Gate Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Cordelia Inspection Facility

File No.: 366.11076.14378

Subject: CHAPTER 7, COMMAND INJURY AND ILLNESS CASE MANAGEMENT  
INSPECTION

This memorandum is intended to serve as the written response to the command Chapter 7 inspection of Cordelia Inspection Facility dated March 11, 2010.

### **FINDINGS REQUIRING FOLLOW UP:**

There were no findings requiring follow up.



M. A. FERRELL, Lieutenant  
Commander

*Safety, Service, and Security*

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: <b>Cordelia CVEF</b>	Division: <b>Golden Gate</b>	Chapter: <b>7</b>
Inspected by: <b>B. Sprang, 14378</b>		Date: 03/11/2010

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  <b>4</b>	<input type="checkbox"/> Corrective Action Plan Included  <input checked="" type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Golden Gate Division  Due Date: April 1, 2010		
Chapter Inspection: <b>7</b>			
Inspector's Comments Regarding Innovative Practices: None			

Command Suggestions for Statewide Improvement:

Recommend question 26 on the checklist be revised to ensure the SCIF 3301 was not given to the employee when the injury was designated as Record Only or First Aid. There may be issues surrounding automatic acceptance of a claim by SCIF if they fail to act on it within 90 days after the employee is given a SCIF 3301.

Recommend question 28 and HPM 10.6 be revised to reflect current policy in GO 100.80. According to HPM 10.6, a ComNet is to be sent to Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling injury / illness. HPM 10.6 refers to GO 100.80 regarding nondisabling or disabling events, but GO 100.80 no longer addresses nondisabling events. Recommend policy update to HPM 10.6 to remove the need to send ComNet for nondisabling events unless a compelling reason is found. In any case, an update to policy seems warranted.

Inspector's Findings:

An Area internal procedure, whereby absolute priority is given to the documentation of injuries and illnesses has been implemented. This requires the command supervisory and management staff to devote all of their time, as need exists, to the completion and submission of forms and the updating of logs and records.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Command: Cordelia CVEF	Division: Golden Gate	Chapter: 7
Inspected by: B. Sprang, 14378		Date: 03/11/2010

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 3/19/10
	INSPECTOR'S SIGNATURE 	DATE 3/19/10
<input checked="" type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 4/13/2010

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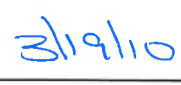
## COMMAND INSPECTION PROGRAM INSPECTION CHECKLIST

Chapter 7

Command Illness and Injury Case Management

Command: <b>Cordelia CVEF</b>	Division: Golden Gate	Number: 366
Evaluated by: <b>B. Sprang, #14378</b>		Date: <b>03/11/2010</b>
Assisted by: <b>J. Baker, A3955</b>		Date: 03/11/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. A "No," "N/A," or any other discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the Exceptions Document shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-up Inspection	Commander's Signature: 
For applicable policy, refer to: HPM 10.7		Date: 	

**Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.**

1. Has the command posted the required STD e13708, Notice to State Employees, in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Has the command posted a Safety and Health Protection on the job notice in a prominent place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Has the command posted a Cal-OSHA S-11 notice in a conspicuous place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Has the commander prepared a Commander's Memorandum for distribution to injured employees expressing their desire to assist the employee resume normal duty, outlining departmental policy, and employee rights and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Does the command maintain a current CHP 121D, Injury and Illness Status Report?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Has the command provided required notification via Comm-Net to the appropriate next level of command regarding employees who are off duty as a result of occupational injury or illness for 30 calendar days or more?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Does the command maintain a current OSHA 300?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Is the OSHA 300 log secured due to medical confidentiality and has it been regularly updated based on employee's health status changes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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9. Have injury and illnesses been recorded in the OSHA 300 log within six workdays of the specific occurrence?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Injuries/illnesses have been recorded in the OSHA 300 log, however, not always within six days. Provisions are in place to minimize delays for future events.
10. Has a Cal-OSHA number been assigned to every injury and illness which is recorded in the OSHA 300 log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Has the command forwarded the previous year's OSHA 300 log to their respective Division (January 15 <sup>th</sup> for Areas, communication centers, inspection facilities, and Academy or February 15 <sup>th</sup> for Divisions and Headquarters commands)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Was/or is the OSHA 300A (Summary of Work Related Injury and Illnesses) posted in a prominent place from February 1 <sup>st</sup> of the following year until April 30 <sup>th</sup> ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Does the command maintain a current five year record of the OSHA 300 log which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Does the command maintain a current five year record of CHP 121s which is current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Have CHP 121s been completed by a supervisor within 24 hours of the notification of the alleged injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Further research and contact with an employee has been required in some cases, which has caused delay. In other cases, corrections to the documents were required. Provisions are in place to minimize delays for future events.
16. Has the commander or his/her designee signed all CHP 121s within three days of notification of the injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Further research and contact with an employee has been required in some cases, which has caused delay. In other cases, corrections to the documents were required. Provisions are in place to minimize delays for future events.
17. Have all CHP 121s been filed with the State Compensation Insurance Fund (SCIF) within five days of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All CHP 121s have been filed with SCIF, however, not always within five days. Further research and contact with an employee has been required in some cases, which has caused delay. In other cases, corrections to the documents were required. Provisions are in place to minimize delays for future events.
18. Have all CHP 121As been completed within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All CHP 121As have been filed with SCIF, however, not always within five days. Further research and contact with an employee has been required in some cases, which has caused

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				delay. In other cases, corrections to the documents were required. Provisions are in place to minimize delays for future events.
19. Have all CHP 121As been signed by the affected employee (if possible) within 24 hours of the notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Have all CHP 121Bs been completed and signed by the affected employee (if possible) within 24 hours of notification of the injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Have all CHP 121Cs been completed and signed by the affected employee (if possible) within 24 hours of 21. (continued) - notification of the injury, illness, or hazardous exposure? <b>Yes</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Have all CHP 442s been updated accordingly within three days of notification of an employee injury, illness, or hazardous exposure?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All CHP 442s have been updated, just not within three days. Further research and contact with an employee has been required in some cases, which has caused delay. In other cases, corrections to the documents were required.
23. Have supervisors (if applicable) provided CHP 443s to the employees' medical care providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Have supervisors provided CHP 600s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Have supervisors provided CHP 601s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Have supervisors provided SCIF 3301s to employees within 24 hours of the notification of an injury, illness, or hazardous exposure?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: on those injuries that require it.
27. Has the command prepared and posted/distributed the memorandum advising employees of the command's authorized medical providers and/or facilities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Has the command sent Comm-Net messages to the Office of Risk Management (ORM) Disability and Retirement Unit (DRU) within 24 hours of the notification of a nondisabling or disabling occupational injury or illness?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: ComNets have been sent for disabling injuries, but unless the incident was considered and unusual one as described in GO 100.80, it was not sent within 24 hours. Additionally, GO 100.80 indicates a ComNet should be sent for serious injuries. HPM 10.6 refers to GO 100.80 regarding nondisabling or disabling events, but GO 100.80 no longer addresses nondisabling events. Recommend policy update to HPM 10.6 to remove need to send ComNet for nondisabling events.

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				Provisions are in place to minimize delays for future events.
29. Does the command have copies of approved medical care providers posted for employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Have all employees who voluntarily participated in the Annual Fitness Challenge completed a medical prescreening questionnaire?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. Has the command provided an Options Letter (if applicable) to an employee who has been medically determined to be permanently precluded from returning to their regular job duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No employee has been permanently precluded from returning to work duties in past year
32. In the event of an employee's serious injury or death, was the appropriate assistant commissioner or designee contacted immediately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No employees were seriously injured or killed.
33. In the event of an employee's serious injury or death, were the Division of Occupational Safety and Health (DOSH) and the Office of Risk Management contacted by telephone within eight hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No serious injuries or death occurred.